

10-90, 14-58

DOCKET FILE COPY ORIGINAL

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FCC Form 481 - Carrier Annual Reporting
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

REDACTED FOR PUBLIC DISCLOSURE

<010> Study Area Code	411756
<015> Study Area Name	COLUMBUS TELEPHONE
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Patricia Carroll
<035> Contact Telephone Number: Number of the person identified in data line <030>	6204293132 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	tc Carroll@columbus-telephone.com

Received & Inspected

JUN 27 2014

FCC Mail Room

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
		(check box when complete)	
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> 411756ks510 .pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> 411756ks610 .pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)?	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet			
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers			
<2000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet			
<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

No. of Copies rec'd
List ABCDE

(100) Service Quality Improvement Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	411756
<015>	Study Area Name	COLUMBUS TELEPHONE
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Patricia Carroll
<035>	Contact Telephone Number - Number of person identified in data line <030>	6204293132 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tcarroll@columbus-telephone.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	
<111>	year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

411756ks112.pdf

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

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[illegible]

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

1/1/2014

~~-- See attached worksheet~~

Page 5

(710) Broadband Price Offerings Data Collection Form FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	411756
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<030>	Contact Name - Person USAC should contact regarding this data	Patricia Carroll
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<039>	Contact Email Address - Email Address of person identified in data line <030>	tcarroll@columbus-telephone.com

[illegible]

(800) Operating Companies
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	411756
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<030>	Contact Name - Person USAC should contact regarding this data	Patricia Carroll
<035>	Contact Telephone Number - Number of person identified in data line <030>	6204293132 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tcarroll@columbus-telephone.com
<810>	Reporting Carrier	Columbus Communications Services, LLC
<811>	Holding Company	Columbus Telephone Company
<812>	Operating Company	Columbus Telephone Company

[illegible]

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	411756
<015>	Study Area Name	COLUMBUS TELEPHONE
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Patricia Carroll
<035>	Contact Telephone Number - Number of person identified in data line <030>	6204293132 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tcarroll@columbus-telephone.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	411756
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<039>	Contact Email Address - Email Address of person identified in data line <030>	tcarroll@columbus-telephone.com

Please check this box to confirm no terrestrial backhaul
<1120> options exist within the supported area pursuant to § 54.313(G) ☐

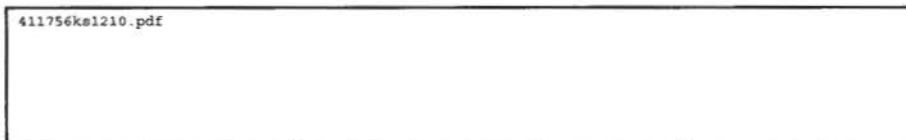
Please check this box to confirm the reporting carrier offers
<1130> broadband service of at least 1 Mbps downstream and 256 kbps
upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

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<030>	Contact Name - Person USAC should contact regarding this data	Patricia Carroll
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<039>	Contact Email Address - Email Address of person identified in data line <030>	tcarroll@columbus-telephone.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans



Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- | | | |
|--------|---|-------------------------------------|
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> | Details on the number of minutes provided as part of the plan, | <input checked="" type="checkbox"/> |
| <1223> | Additional charges for toll calls, and rates for each such plan. | <input checked="" type="checkbox"/> |

REDACTED FOR PUBLIC DISCLOSURE

(2000) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	tcarroll@columbus-telephone.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification (47 CFR § 54.313(b)(1)) ☐
- <2011> 3rd Year Certification (47 CFR § 54.313(b)(2)) ☐

Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))

- <2012> 2013 Frozen Support Certification ☐
- <2013> 2014 Frozen Support Certification ☐
- <2014> 2015 Frozen Support Certification ☐
- <2015> 2016 and future Frozen Support Certification ☐

Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))

- <2016> Certification Support Used to Build Broadband ☐

Connect America Phase II Reporting (47 CFR § 54.313(e))

- <2017> 3rd year Broadband Service Certification ☐
- <2018> 5th year Broadband Service Certification ☐
- <2019> Interim Progress Certification ☐
- <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation Data Collection Form	REDACTED FOR PUBLIC DISCLOSURE	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
--	---------------------------------------	--

<010> Study Area Code	411756
<015> Study Area Name	COLUMBUS TELEPHONE
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Patricia Carroll
<035> Contact Telephone Number - Number of person identified in data line <030>	6204293132 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	pcarroll@columbus-telephone.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) Progress Report on 5 Year Plan
 Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) ☐ (Yes/No)
 (3014) If yes, does your company file the RUS annual report ☐ (Yes/No)

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) ☐

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, Is your company audited? ☐ (Yes/No)

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☐

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit. ☐

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, ☒

(3023) Underlying information subjected to a review by an independent certified public accountant ☒

(3024) Underlying information subjected to an officer certification. ☒

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

411756ks3026.pdf

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	411756
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<030> Contact Name - Person USAC should contact regarding this data	Patricia Carroll
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<039> Contact Email Address - Email Address of person identified in data line <030>	tcarroll@columbus-telephone.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	411756
<015> Study Area Name	COLUMBUS TELEPHONE
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Patricia Carroll
<035> Contact Telephone Number - Number of person identified in data line <030>	6204293132 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	tc Carroll@columbus-telephone.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>PATRICIA CARROLL</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	PATRICIA CARROLL
Name of Reporting Carrier:	COLUMBUS TELEPHONE
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 06/26/2014
Printed name of Authorized Officer:	PATRICIA CARROLL
Title or position of Authorized Officer:	SECRETARY
Telephone number of Authorized Officer:	6204293130 ext.
Study Area Code of Reporting Carrier:	411756 Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	COLUMBUS TELEPHONE
Name of Authorized Agent or Employee of Agent:	Kiesling Associates LLP
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 06/26/2014
Printed name of Authorized Agent or Employee of Agent:	Robert R. Abrams
Title or position of Authorized Agent or Employee of Agent:	Regulatory Consultant
Telephone number of Authorized Agent or Employee of Agent:	6086649110 ext.
Study Area Code of Reporting Carrier:	411756 Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

REDACTED FOR PUBLIC DISCLOSURE

Attachments

REDACTED FOR PUBLIC DISCLOSURE

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	tcarroll@columbus-telephone.com
<220>		

<a>	<b1>	<b2>	<b3>	<b4>	<c1>	<c2>	<d>	<e>	<f>	<g>	<h>
-----	------	------	------	------	------	------	-----	-----	-----	-----	-----

[illegible]

REDACTED FOR PUBLIC DISCLOSURE

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code 411756

<015>	Study Area Name	COLUMBUS TELEPHONE
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<020>	Program Year	2015
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<030>	Contact Name - Person USAC should contact regarding this data	Patricia Carroll
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<035>	Contact Telephone Number - Number of person identified in data line <030>	6204293132 ext.
-------	---	-----------------

<039>	Contact Email Address - Email Address of person identified in data line <030>	tcarroll@columbus-telephone.com
-------	---	---------------------------------

<701> Residential Local Service Charge Effective Date	1/1/2014
---	----------

<702> Single State-wide Residential Local Service Charge

<703>

[illegible]

REDACTED FOR PUBLIC DISCLOSURE

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	tcarroll@columbus-telephone.com

[illegible]

REDACTED FOR PUBLIC DISCLOSURE

(800) Operating Companies
Data Collection Form

FCC Form 481

OMB Control No. 3060-0985/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	411756
<015>	Study Area Name	COLUMBUS TELEPHONE
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<030>	Contact Name - Person USAC should contact regarding this data	Patricia Carroll
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<039>	Contact Email Address - Email Address of person identified in data line <030>	tcarroll@columbus-telephone.com
<810>	Reporting Carrier	Columbus Communications Services, LLC
<811>	Holding Company	Columbus Telephone Company
<812>	Operating Company	Columbus Telephone Company

[illegible]

REDACTED FOR PUBLIC DISCLOSURE

REDACTED – FOR PUBLIC INSPECTION

COLUMBUS COMMUNICATIONS SERVICES, LLC (SAC 411756)

ATTACHMENT - LINE 112

FIVE YEAR SERVICE QUALITY IMPROVEMENT PLAN

ATTACHMENT REDACTED IN ENTIRETY

REDACTED FOR PUBLIC DISCLOSURE

Columbus Telephone Company (SAC 411756)

Statement Regarding Compliance with Service Quality Standards and Consumer Protection Rules
47 CFR §54.313(a)(5)

Form 481, Line 510

Columbus Telephone Company (CTC) is an incumbent local exchange carrier operating in the state of Kansas, and is an eligible telecommunications carrier (ETC) designated by the Kansas Corporation Commission (KCC). As such, CTC is subject to the regulatory authority of the KCC and operates under the relevant rules and laws of the state of Kansas.

CTC is subject to the service quality standards and consumer protection standards adopted by the KCC and that are applicable to ILECs in the state of Kansas. These standards are contained in Orders adopted by the KCC in Docket No. 95-GIMT-047-GIT (specifically the KCC Order dated May 23, 2008) and Docket No. 06-GIMT-187-GIT. The consumer protection standards are also contained in CTC's local tariff that is on file with the KCC.

Apart from effective internal procedures and operations, CTC ensures compliance with all applicable service quality and consumer protection rules through KCC enforcement, which entails the operation of an effective customer complaint process. KCC is required to respond to customer complaints and other service quality-related inquiries from the KCC in a reasonable time frame. CTC consistently meets or exceeds all KCC-adopted standards, and reports to this effect via all required KCC processes.

Finally, CTC has established internal procedures to ensure compliance with the Federal Communications Commission's customer Proprietary Network Information (CPNI) rules that include, but are not limited to, periodic employee training and maintenance of written company CPNI procedures. CTC certifies its compliance with the FCC's CPNI rules by making annual filings as required in 47 CFR §64.2009(e).

REDACTED FOR PUBLIC DISCLOSURE

Columbus Telephone Company (SAC 411756)

Statement Regarding the Ability to Function in Emergency Situations

47 CFR S §54.313(a)(6)

Form 481, Line 610

Columbus Telephone Company (CTC) is an incumbent local exchange carrier operating in the state of Kansas, and is an eligible telecommunications carrier (ETC) designated by the Kansas Corporation Commission (KCC). As such, CTC is subject to the regulatory authority of the KCC and operates under the relevant rules and laws of the state of Kansas.

CTC is subject to KCC rules regarding the ability to remain functional in emergency situations by:

- (1) Maintaining at least eight hours of backup power to ensure functionality without local alternating current (AC) commercial power,
- (2) Establishing the ability to reroute traffic around damaged facilities and to manage traffic spikes resulting from emergency situations, and
- (3) Establishing procedures for employees to follow in an emergency, to prevent or minimize interruption or impairment of telecommunications services.

CTC has 1 fixed generator capable of providing the required level of backup power. CTC's network is capable of rerouting traffic around damaged facilities, although this ability is not absolute and may be limited in certain circumstances. However, CTC follows all industry standard practices in ensuring its network remains functional during different types of emergency situations.

REDACTED FOR PUBLIC DISCLOSURE

Columbus Telephone Company (SAC 411756)
Statement of Lifeline Service Terms and Conditions
47 CFR §54.422(a)(2)

Form 481, Line 1210

Columbus Telephone Company offers Lifeline service to qualifying subscribers.

- Qualifying subscribers receive Lifeline credits of \$9.25 via the federal Low Income program on their telephone bill. The Lifeline benefit reduces the regular monthly rate for any single line residential local telephone service. This benefit is limited to one per qualifying household, and for service received from a single provider.
- Number of Local Minutes/Calls Provided: Unlimited local calling.
- Additional Charges for Toll Calls: Toll calls and services for Lifeline subscribers are available and are billed at carriers' standard rates.
- Federal program eligibility for Lifeline service must be confirmed before the credit is issued. All subscribers must be recertified at least once each year.

Lifeline eligibility methodology is described on the attached Kansas Lifeline Service Program Self Certification Form, and is verified at least once each year:

The Company's Terms and Conditions for Lifeline Service also are found in the applicable pages of its General Exchange Tariff, which are also attached.



**KANSAS LIFELINE SERVICE PROGRAM
SELF CERTIFICATION FORM FOR
ELIGIBILITY**

The Kansas Lifeline Service Program (KLSP), a telephone assistance plan that provides eligible residential telephone service customers with a reduction in the price of basic local service, includes income based eligibility criteria. These criteria are based on the poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health & Human Services (HHS) under authority of 42 U.S.C. 9902 (2) for KSLP eligibility, the total household income at the customer's household must be at or below 150% of the federal poverty guidelines published yearly by HHS. Customers eligible under the KSLP criteria, set out below, are required to self-certify such eligibility and certify income eligibility by providing prior year's state of federal tax return, current benefits, retirement statement of benefits, Unemployment/Workers Compensation statement of benefit, divorce decree of child support documents for income verification. Any type of documentation other than a previous year's taxes as evidence of income the consumer must present **THREE CONSECUTIVE MONTHS** of statements. The present KLSP income-based eligibility criteria are as follows:

SIZE OF FAMILY UNIT RESIDING AT LOCATION WHICH LIFELINE ASSISTANCE IS SOUGHT	MAXIMUM ANNUAL INCOME		
1	\$ 17,235	6	\$ 47,385
2	\$ 23,265	7	\$ 53,415
3	\$ 29,295	8	\$ 59,445
4	\$ 35,325	Each additional person add	\$ 6,030
5	\$ 41,355		

I, _____, state that total household income, at the location for which Lifeline telephone rate assistance is sought, is at or below 150% of the federal poverty guidelines.

I CERTIFY I AM CURRENTLY RECEIVING AT LEAST ONE OF THE FOLLOWING:

- | | |
|---|--|
| <input type="checkbox"/> SUPPLEMENT NUTRITION ASSISTANCE PROGRAM(SNAP) | <input type="checkbox"/> MEDICAID |
| <input type="checkbox"/> SSI (SUPPLEMENTAL SECURITY INCOME) | <input type="checkbox"/> PUBLIC HOUSING ASSISTANCE |
| <input type="checkbox"/> TEMPORARY ASSISTANCE TO NEEDY FAMILIES | <input type="checkbox"/> FOOD DISTRIBUTION PROGRAM |
| <input type="checkbox"/> NATIONAL SCHOOL LUNCH PROGRAM (FREE LUNCH) | <input type="checkbox"/> (UNITED TRIBES) |
| <input type="checkbox"/> LOW INCOME HOME ENERGY ASSISTANCE PROGRAM-LIHEAP | |

Proof of participation in the above programs will be needed to qualify for Kansas Lifeline Program. Applicants must provide either a copy of the SRS medical card or copy of the Vision card to verify participation in the eligible programs as well as a Statement of Benefits from SRS. Lifeline is a non-transferable benefit, may not be transferred to any other person. If a subscriber moves to new address, he/she will notify the ETC within 30 days and provide the new address. If a subscriber provides temporary residential address to the carrier, he/she will be required to verify the temporary address every 90 days. The subscriber will notify carrier within 30 days if for any reason he/she no longer satisfy the criteria for receiving Lifeline.

NOTE: CUSTOMER IS REQUIRED TO SELF-CERTIFY JUNE 01 AND EACH JUNE 01 THEREAFTER TO CONTINUE RECEIVING BENEFITS, FAILURE TO DO SO WILL RESULT IN TERMINATION OF BENEFITS. ONLY 1(one) LIFELINE SERVICE IS AVAILABLE PER HOUSEHOLD.

I CERTIFY I AM CURRENTLY NOT RECEIVING LIFELINE SERVICES FROM ANOTHER PROVIDER.

Subscriber acknowledges that providing false or fraudulent information to receive Lifeline benefits is punishable by law!

(Signature of Applicant) (Date Received/Reviewed) (Phone Number)

(Print Full Name) (Residential Address) Perm. () Temp. () (Account Number)

Date of Birth: _____ Last 4 digits of Social Security# _____

Billing Address if different from above _____

Method documentation was provided: _____ fax _____ mail _____ electronic _____ in person _____

INDATE

OUTDATE

CTC Representative

revised 7-30-13



REQUIRED LIFELINE SURVEY

Name	
Address	
Telephone Number	

Lifeline is a government program that provides a monthly discount on home or mobile telephone services. Only ONE Lifeline discount is allowed per household. Members of a household are not permitted to receive Lifeline service from multiple telephone companies.

Your household is everyone who lives together at your address as one economic unit (including children and people who are not related to you).

The adults you live with are part of your economic unit if they contribute to and share in the income and expenses of the household. An adult is any person 18 years of age or older, or an emancipated minor (a person under age 18 who is legally considered to be an adult). Household expenses include food, health care expenses (such as medical bills) and the cost of renting or paying a mortgage on your place of residence (a house or apartment, for example) and utilities (including water, heat and electricity). Income includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Spouses and domestic partners are considered to be part of the same household. Children under the age of 18 living with their parents or guardians are considered to be part of the same household as their parents or guardians. If an adult has no income, or minimal income, and lives with someone who provides financial support to that adult, both people are considered part of the same household.

You have been asked to complete this Worksheet because someone else currently receives a Lifeline-supported service at your address. This other person may or may not be a part of your household. Answer the questions below to determine whether there is more than one household residing at your address.

1. Does your spouse or domestic partner (that is, someone you are married to or in a relationship with) already receive a Lifeline-discounted phone? (check no if you do not have a spouse or partner) ☐ YES ☐ NO
 - If you checked YES, you may not sign up for Lifeline because someone in your household already receives Lifeline. Only ONE Lifeline discount is allowed per household.
 - If you checked NO, please answer question #2.
2. Other than a spouse or partner, do other adults (people over the age of 18 or emancipated minors) live with you at your address?

A. A parent <input type="checkbox"/> YES <input type="checkbox"/> NO	D. An adult roommate <input type="checkbox"/> YES <input type="checkbox"/> NO
B. An adult son or daughter <input type="checkbox"/> YES <input type="checkbox"/> NO	E. Other <input type="checkbox"/> YES <input type="checkbox"/> NO
C. Another adult relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc.) <input type="checkbox"/> YES <input type="checkbox"/> NO	

 - If you checked NO for each statement above, you do not need to answer the remaining questions. Please initial line B, below, and sign and date the worksheet.
 - If you checked YES, please answer question #3.
3. Do you share living expenses (bills, food, etc.) and share income (either your income, the other person's income or both incomes together) with at least one of the adults listed above in question #2? ☐ YES ☐ NO
 - If you checked NO, then your address includes more than one household. Please initial lines A and B below, and sign and date the worksheet.
 - If you checked YES, then your address includes only one household. You may not sign up for Lifeline because someone in your household already receives Lifeline.

CERTIFICATION

Please initial the certifications below and sign and date this worksheet. Submit this worksheet to COLUMBUS TELEPHONE CO by December 1, 2012. **Failure to return will result in loss of your Lifeline Discount!**

- A. ☐ I certify that I live at an address occupied by multiple households.
- B. ☐ I understand that violation of the one-per-household requirement is against the Federal Communication Commission's rules and may result in me losing my Lifeline benefits, and potentially, prosecution by the United States government.

Signature _____

Date _____

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THE STATE CORPORATION COMMISSION
OF KANSAS

GENERAL EXCHANGE TARIFF
Section 2
1st Revised Sheet 1

2. LOCAL SERVICES

2.1 Local Exchange Telephone Service – Basic Service Rates

These monthly rates apply to all subscribers of the Company. This rate covers the provision of network access to a local customer location, and entitles the customer to local calls (without toll charge) to all local stations connected to a central office of the exchange, or to all local extended local service area where comprised of more than one exchange.

The following rates apply to all customers for basic local exchange service within the Columbus exchange:

	<u>Monthly Rate</u>
Business Access Line	\$19.75
Residence Access Line	\$16.75

(I)
(I)

2.1.1 Kansas Universal Service Fund

Beginning March 1, 1997, the Company will assess a fee for funding of the Kansas Universal Service Fund (KUSF), including Kansas Lifeline Service Program (KLSP), and the Kansas Telecommunications Access Program (TAP). These funds were enacted by the Kansas Legislature in 1996, and authorized by the Kansas Corporation Commission on December 27, 1996 in Docket No. 190, 492-U. The amount of the fee may vary as determined by the Fund Administrator.

2.1.2 Lifeline Service

The Lifeline Service (Lifeline) program, sponsored by the FCC, is a program designed to maintain and reserve universal service by providing a reduction in the price of basic residential local exchange service to qualifying low-income customers.

a. General

1. Lifeline is a Federally funded reduction of the subscriber line charge (SLC) and a reduction of local service charges. Eligible applicants will receive a reduction of \$9.25 on their local telephone bill.
 - (a) Lifeline customers will also receive additional Lifeline Service reductions in intrastate local service of \$7.77.
2. Local service for Lifeline customers may not be disconnected for non-payment of toll charges.
 - (a) Toll Restriction Service will be provided to Lifeline customers at no charge.

Issued: February 1, 2013

Effective: March 1, 2013

Patricia Carroll, General Manager
Columbus Communications Services, LLC
224 South Kansas
Columbus, Kansas 66725

13-GIMT-130-GIT
Approved
Kansas Corporation Commission
February 13, 2013
/S/ Patrice Petersen-Klein

2. LOCAL SERVICES

2.1.2 Lifeline Service (Cont.)

- (b) Lifeline customers are not required to accept Toll Restriction Service as a condition to avoid disconnection of local service for non-payment of toll.
 - (c) Lifeline customers are not required to pay a deposit in order to obtain local service if the customer voluntarily elects installation of Toll Restriction Service.
- 3. Partial payments from Lifeline customers will be applied first to local service charges and then to toll charges.
 - 4. Lifeline customers will not be denied re-establishment of service on the basis that the customer was previously disconnected for non-payment of toll charges.
 - 5. Lifeline will not be furnished on a Foreign Exchange service arrangement.

b. Eligibility Requirements

- 1. Lifeline will be provided for one (1) telephone line per household, at the customer's principal place of residence who have only one local exchange access line to his/her residential premises or dwelling place¹. Verification of this requirement will be through self-certification.
- 2. Show that he/she is currently a recipient of benefits from one of the following public assistance programs:
 - Temporary Assistance for Needy Families (TANF)
 - Food Distribution Program
 - Supplemental Nutrition Assistance Program (SNAP)
 - Medicaid
 - Supplemental Security Income (SSI)
 - Low Income Energy Assistance Program (LIEAP)
 - General Assistance
 - Section 8 Public Housing Assistance Program
 - National School Lunch Program free lunch

¹ A residential premises or dwelling place is that location where a customer resides, even if such residential premises or dwelling place is only a single room. Lifeline will not be provided if the customer has access to other local exchange telephone service within the residential premises or dwelling place, provided/owned by himself/herself or owned/provided by others. If, however, it can be determined by the Telephone Company that access to other existing local exchange telephone service owned/provided by others is virtually denied, or is inaccessible to the customer, then Lifeline Service will be provided.

Issued: November 15, 2012

Effective: December 15, 2012

Patricia Carroll, General Manager
Columbus Communications Services, LLC
224 South Kansas
Columbus, Kansas 66725

12-COST-923-COC (LEC)
Accepted For Filing
Kansas Corporation Commission
November 15, 2012
/S/ Patrice Petersen-Klein

REDACTED FOR PUBLIC DISCLOSURE

THE STATE CORPORATION COMMISSION
OF KANSAS

GENERAL EXCHANGE TARIFF
Section 2
Original Sheet 3

2. LOCAL SERVICES

2.1.2 Lifeline Service (Cont.)

- Individuals living on tribal land receiving:
 - Bureau of Indian Affairs general assistance
 - Tribally-administered Temporary Assistance for Needy Families (TANF)
 - Head Start (tribal programs for only those meeting income qualifying standards)
 - Tribally Administered Free School Lunch Program
 - Food Distribution Program on Tribal Land

Individuals choosing this option must obtain and provide to the Telephone Company a copy of a valid identification card or the appropriate documents that are issued to them by the agency administering the program.

c. Income Eligibility

A customer shall be eligible for the Lifeline Service program if that customer's household income level is at or below 150% of the federal poverty level. Such customers may obtain a form from the Telephone Company suitable for self-certification of income level, and provide the completed form to the Company to begin service under the program. Proof of income is required. Acceptable documentation may include the prior year's federal, state, or tribal tax return, or other forms of income certification. Customers should contact the Company for specific details.

d. Certification

1. The customer will certify eligibility for Lifeline Service. Recertification is required annually or at anytime the qualifying criteria for the customer changes.

Recipients of Lifeline Service must notify the Telephone Company when they no longer qualify for Lifeline Service. Upon receipt of the notification, the Telephone Company will discontinue Lifeline Service.

If the Telephone Company discovers that conditions exist that disqualify the recipient of Lifeline Service, local service will be billed at the full rate. The customer will be billed retroactively either to the date Lifeline Service commenced or the date the recipient no longer qualified for the service, not to exceed 12 months.

Issued: November 15, 2012

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Patricia Carroll, General Manager
Columbus Communications Services, LLC
224 South Kansas
Columbus, Kansas 66725

12-COST-923-COC (LEC)
Accepted For Filing
Kansas Corporation Commission
November 15, 2012
/S/ Patrice Petersen-Klein

REDACTED FOR PUBLIC DISCLOSURE

REDACTED – FOR PUBLIC INSPECTION

COLUMBUS COMMUNICATIONS SERVICES, LLC (SAC 411756)

ATTACHMENT - LINE 3026

ATTACHMENT REDACTED IN ENTIRETY